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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,491	07/07/2003	Bryan Loomas	BRONNE00600	8889
	7590 10/01/200 ADE HAN LLP	7	EXAMINER	
2483 EAST BA	YSHORE ROAD, SU	ITE 100	VRETTAKOS, PETER J	
PALO ALTO,	CA 94303		ART UNIT	PAPER NUMBER
		. *	3739	
			MAIL DATE	DELIVERY MODE
,			10/01/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

		Application No.	Applicant(s)		
Office Action Summary		10/615,491	LOOMAS ET AL.		
		Examiner	Art Unit		
		Peter J. Vrettakos	3739		
Period fo	The MAILING DATE of this communication app or Reply	ears on the cover sheet with the c	orrespondence address		
A SH WHIC - External - If NC - Failu Any	ORTENED STATUTORY PERIOD FOR REPLY CHEVER IS LONGER, FROM THE MAILING DAnsions of time may be available under the provisions of 37 CFR 1.13 SIX (6) MONTHS from the mailing date of this communication. Depriod for reply is specified above, the maximum statutory period were to reply within the set or extended period for reply will, by statute, reply received by the Office later than three months after the mailing ed patent term adjustment. See 37 CFR 1.704(b).	ATE OF THIS COMMUNICATION 36(a). In no event, however, may a reply be timulated will apply and will expire SIX (6) MONTHS from cause the application to become ARANDONE.	N. nely filed the mailing date of this communication.		
Status					
2a) <u></u> □	Responsive to communication(s) filed on <u>05 Ap</u> This action is FINAL . 2b) This Since this application is in condition for allowan closed in accordance with the practice under E	action is non-final. nce except for formal matters, pro			
Dispositi	on of Claims				
5) □ 6) ⊠ 7) □ 8) □ Applicati 9) □ 10) □	Claim(s) 1-43 is/are pending in the application. 4a) Of the above claim(s) 24-43 is/are withdraw Claim(s) is/are allowed. Claim(s) 1-23 is/are rejected. Claim(s) is/are objected to. Claim(s) are subject to restriction and/or on Papers The specification is objected to by the Examiner The drawing(s) filed on is/are: a) acceed to the drawing and request that any objection to the drawing sheet(s) including the correction of the oath or declaration is objected to by the Examiner The oath of the oath of the oath of the oath of the	election requirement. The properties of the Education of	37 CFR 1.85(a). ected to. See 37 CFR 1.121(d).		
Priority u	nder 35 U.S.C. § 119				
 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). a) All b) Some * c) None of: 1. Certified copies of the priority documents have been received. 2. Certified copies of the priority documents have been received in Application No. 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)). * See the attached detailed Office action for a list of the certified copies not received. 					
2) Notice 3) Inform	e of References Cited (PTO-892) e of Draftsperson's Patent Drawing Review (PTO-948) nation Disclosure Statement(s) (PTO-1449 or PTO/SB/08) No(s)/Mail Date	4) Interview Summary (Paper No(s)/Mail Dat 5) Notice of Informal Pa 6) Other:	te		

DETAILED ACTION

The action is non-final.

Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

Claims 1-23 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The Applicant merely claims what already occurs in nature: creating a connection between the lungs and the trachea (i.e. bronchial airways). Furthermore, the Applicant relies upon a vague definition of what constitutes an extra versus inter pleural airway to obviate rejections. Although the trachea is clearly an extrapleural airway at what point does a bronchial airway (which progresses into increasingly smaller airways as it traverses into the lung) become an intrapleural airway? One cannot say that all bronchi are extrapleural or intrapleural because a bronchus can be both. Even more, due to anatomical differences amongst a population can that universal delineation between intra and extrapleural airways even be determined? At this point the Applicant is requiring the Office to provide arguments that ignore this inherent ambiguity involved in categorizing intra versus extrapleural airways, which will lead to prolonged and burdensome prosecution.

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The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

Claims 1-23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Cooper et al. (6,692,494).

Cooper discloses creating connections between an airway (an "extrapleural airway" such as the trachea is certainly an airway) and lung tissue as disclosed in col. 9:29-32. Cooper discloses creating connections within the lungs as depicted in figure 1d. The Applicant is now attempting to claim creating connections across the pleura of the lungs in the upper/middle lobe as seen in Application figure 11b (element 200D). Considering the similarities in the two figures, the Office asserts that it would have been obvious to one of ordinary skill in the art to modify Cooper by creating channels not only within the lung, but also across the lung into the trachea, both procedures for improving gas flow in patients with compromised pulmonary function. Further, Cooper discloses placing collateral channels in the bronchi in col. 4:22-25, whereas the Applicant argues that an extrapleural airway can be a mainstem bronchus (remarks dated 4-5-06). The Office asserts that a mainstem bronchus is a bronchi and that the bronchi disclosure makes obvious fluidly connected an extrapleural airway and the lung if the position of the bronchi channel is near the point of entry of the lung. Moreover, Cooper discloses making a collateral channel in the upper/middle lobe (col. 4:26-27), which is clearly that

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seen in the instant Application figure 11b (element 200D). Another issue is the determination of when an airway is considered extrapleural versus intrapleural, already elaborated above. The motivation to create a "transpleural airway" is to simply build upon what is already disclosed by Cooper (to make a collateral channel in the bronchi) as well as to make a collateral channel between an **airway** and lung tissue (col. 9:29-32)).

Claims 1-23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Keast et al. (6,749,606).

Keast discloses creating connections between an **airway** (an "extrapleural airway" such as the trachea is certainly an airway) and lung tissue as disclosed in col. 8:61-63. Keast discloses creating connections within the lungs as depicted in figure 1d. The Applicant is now attempting to claim creating connections across the pleura of the lungs in the upper/middle lobe as seen in Application figure 11b (element 200D). The Office asserts that it would have been obvious to one of ordinary skill in the art to modify Keast by creating channels not only within the lung, but also across the lung into the trachea, both procedures for improving gas flow in patients with compromised pulmonary function. Another issue is the determination of when an airway is considered extrapleural versus intrapleural, already elaborated above. The motivation to create a "transpleural airway" is to simply build upon what is already disclosed by Keast (to make a collateral channel in the bronchi) as well as to make a collateral channel between an **airway** and lung tissue (col. 8:61-63)).

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Claims 1-23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Laufer et al. (6,629,951).

Laufer discloses creating connections within the lungs as depicted in figure 1d. Laufer discloses creating connections between an airway (an "extrapleural airway" such as the trachea is certainly an airway) and lung tissue as disclosed in col. 9:30-32. The Applicant is now attempting to claim creating connections across the pleura of the lungs in the upper/middle lobe as seen in Application figure 11b (element 200D). Considering the similarities in the two figures, the Office asserts that it would have been obvious to one of ordinary skill in the art to modify Cooper by creating channels not only within the lung, but also across the lung into the trachea, both procedures for improving gas flow in patients with compromised pulmonary function. Further, Cooper discloses placing collateral channels in the bronchi in col. 4:25-28, whereas the Applicant argues that an extrapleural airway can be a mainstem bronchus (remarks dated 4-5-06). The Office asserts that a mainstem bronchus is a bronchi and that the bronchi disclosure makes obvious fluidly connected an extrapleural airway and the lung if the position of the bronchi channel is near the point of entry of the lung. Moreover, Cooper discloses making a collateral channel in the upper/middle lobe (col. 4:26-27), which is clearly that seen in the instant Application figure 11b (element 200D). Another issue is the determination of when an airway is considered extrapleural versus intrapleural, already elaborated above. The motivation to create a "transpleural airway" is to simply build upon what is already disclosed by Laufer (to make a collateral channel in the bronchi)

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as well as to make a collateral channel between an airway and lung tissue (col. 9:30-

32)).

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Peter J. Vrettakos whose telephone number is 571-272-

4775. The examiner can normally be reached on M-F 9-6.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Linda C. Dvorak can be reached on 571-272-4764. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

Pete Vrettakos July 16, 2007

ROY D. GIBSON

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